

## **Informed Consent, Release & Agreement to Hold Harmless**

King County, charter county government under the constitution of the State of Washington, hereinafter referred to as "the County", maintains an animal services section through the authority of the County Executive. In the regular course of providing animal care and control services in King County, the Section uses volunteers in many animal related activities, including cleaning cat cages, cuddling cats, handling the cats during the adoption process, cat food preparation, interacting with the public, and related tasks at Federal Way PetSmart.

(Print child's name) \_\_\_\_\_, who is at least 16 years old, wishes to volunteer for Regional Animal Services of King County (hereinafter to as "RASKC") at Federal Way PetSmart. As the child's parent/ legal guardian, I recognize that she will be exposed to the routine risks of dealing with cats, which could include property damage and/or bodily injury, including severe infection and death. I consent to my child volunteering at Federal Way PetSmart without my being present. For and in consideration of permission to volunteer, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees, and agents from any liability which might arise out of my child's volunteer activities.

\_\_\_\_\_  
Signature of parent/ legal guardian

\_\_\_\_\_  
Date

## **Emergency Medical Treatment Authorization**

As parent/ legal guardian of (print child's name) \_\_\_\_\_, I (print name) \_\_\_\_\_ authorize qualified emergency medical personnel, including a physician and staff to examine my child in the event of injury, and to administer any emergency care or treatment deemed necessary. A reasonable effort will be made to contact the parent prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

\_\_\_\_\_  
Signature of parent/ legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell phone number & email address of parent/ legal guardian

\_\_\_\_\_  
Work phone number of parent/ legal guardian

\_\_\_\_\_  
Home telephone number of parent/ legal guardian

## Parent Permission & Assumption of Liability

As parent/ legal guardian of (print child's name) \_\_\_\_\_, I (print name) \_\_\_\_\_ hereby grant my permission for my child to participate in the above-referenced activity without my being present. I acknowledge, agree, and understand that said participation involves risks and inherent dangers that may cause injury, including severe infection, and/or death. On behalf of the myself and my child, I agree to assume the liability and obligations referenced above and to release and forever discharge the County, its officers, officials, employees, and agents from any liability or claim of liability arising out of my child's activities.

\_\_\_\_\_  
Signature of parent/ legal guardian

\_\_\_\_\_  
Date